

Applicant Name: _____ Job Site Address: _____ App. No.: _____



Building Permit Application

City of Columbus, Ohio • Department of Building & Zoning Services

757 Carolyn Avenue, Columbus, Ohio 43224 • Phone: 614-645-7433 • Fax: 614-645-0082 • www.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Please type or print all information

Date: _____

Type of Permit:

Residential:

- ☐ 1 Family Dwelling
☐ 2 Family Dwelling
☐ 3 Family Dwelling

Commercial:

4 or more Family Dwelling;
of Units: _____
Commercial Structure

For all Commercial please provide the following:

Type of Construction/ Sub Type/ Use Group**: _____

If Separate Site Compliance Plan Submittal, please provide

Tracking Number: _____

For New Commercial Only:

Phased Construction: ☐ Y • ☐ N Number of Phases: _____

Foundation Permit Requested: ☐ Y • ☐ N • If Yes, please answer the following:

- ☐ Footing Only ☐ Foundation to Grade Only ☐ Foundation w/ underground utilities to include:
☐ Electric ☐ HVAC-R ☐ Plumbing
(Check all that apply)

Type of Work (Check all that apply):

New Construction:

- ☐ Accessory Structure ☐ Industrialize Unit
☐ Addition ☐ Relocated
☐ New Structure ☐ New
☐ Relocated Structure
☐ Change of Use

Alteration:

- ☐ Antenna* ☐ Deck ☐ Fence (over 6 ft)*
☐ Fire Damage ☐ Fireplace (Masonry) ☐ Interior Renovation
☐ Radon Mitigation* ☐ Reroof* ☐ Retaining Wall
☐ Siding* ☐ Swimming Pool* ☐ Unheated Porch
☐ Exterior ☐ Tent ☐ Window/ Door Replacement*
☐ Does this alteration involve a new, expanded, or change-of-use ?
☐ Minor Limited Scope (**One 15 min. Inspection**): Please check the appropriate box(s) above (denoted with an *) for the type of work.

Other Types of Work:

- ☐ Revision to Approved Plans: Building Permit No. _____
☐ Plan Review Only
☐ Preliminary Plan Review
☐ Maximum Capacity Card
☐ Certificate of Occupancy for Existing Structure
☐ Time Limited Occupancy

☐ Parking Lot: Number of Spaces: _____ Number of ADA Spaces: _____

☐ Removal Start: Reason: ☐ Fire ☐ Water ☐ Natural Disaster ☐ Vehicle ☐ Investigative Purposes ☐ Other: _____

Does the Bldg have a Standpipe or Fire Suppression System? ☐ Y ☐ N ****A detailed description is required for all Removal Starts****

Please provide the Interior Renovation Permit Application # associated with this Removal Start: _____

☐ Secure Permit: Please provide the Order Number: _____

Additional Inspections Requested w/ this Application: # _____

Job Site Information:

Certified Address**

Zip

Working in Unit #/
Suite/ Flr.**

Tax District/ Parcel**

Subdivision

Bldg/ Lot #

of Stories

Gross Sq. Ft. Working Area**

Cost of Construction**

**** Required Information: PLEASE NOTE:** Incomplete information will result in the rejection of this submittal.

For all questions regarding this form and fees please call: 614-645-6090

Please make all checks payable to the Columbus City Treasurer

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Is the property located in one of the following areas? If so, please indicate which area below:

18th & East Broad	21 st & E. Broad	Brewery District	Bryden Road	Downtown Commission	East Town Street
German Village	Hamilton Park	Indianola Forest	Italian Village	Iuka Ravine	Jefferson Avenue
New Indianola	North Market	Northwood Park	Old Beechwood	Old Oaks	S. High Commercial
University Area Review Board	Victorian Village				

Existing Use of the Building/Space: _____

Describe Project/Work: _____

OFFICIAL USE ONLY: Plan Examiner Approval:

☐ Approval to bring in

☐ Plan Review Fee: \$ _____

☐ Approval to issue O.C.

☐ Permit Fee: \$ _____

Additional Fees Due: \$ _____ Staff Initials: _____

Job Site Information Continued:

Are there any active Building Services Division Violation Orders on this Property: ☐ Y ☐ N

Are there any active Neighborhood Services Division Violation Orders on this Property: ☐ Y ☐ N

If applicable please provide Flood Zone Designation: _____

Property Owner of Record**:

_____ Name	_____ Street Address	_____ City, State, Zip
_____ Telephone Number	_____ Fax Number	_____ E-Mail Address

Architect/ Engineer:

_____ Name	_____ Street Address	_____ City, State, Zip
_____ Telephone Number	_____ Fax Number	_____ E-Mail Address

Contractor:

_____ Registration Number**	_____ Company/Contractor Name	_____ Telephone Number
_____ Street Address	_____ City, State, Zip	_____ Fax Number
_____ Email Address		
_____ Signature of Contractor or Authorized Signer		_____ Print or Type Name

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Applicant: ☐ Owner ☐ Contractor ☐ Other (please provide contact information below)

NOTE: Owner & Other Applicants are required to complete the attached Affidavit

Name (Contact Person)

Company Name

Street Address

City, State, Zip

Telephone Number**

Fax Number**

E-Mail Address**

If Payment will be made through a SOFT Account, please provide the following:

SOFT Account #/ PIN #

SOFT Account Authorized Signature

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The Following Documents must be Submitted with this Application:

Commercial:

- ☐ **THREE** copies of professionally-sealed building plans, including all structural, architectural, mechanical and electrical aspects of the building.
- ☐ Copy of rezoning "limitation text" printed on site plan if applicable.
- ☐ Copy of lot split/ combination documentation, if applicable.
- ☐ Copy of "recorded easements" and affidavits, if applicable.
- ☐ Copy of "Certificate of Appropriateness" and any variance results, if applicable.
- ☐ For all **Tenant Finishing and/or Remodeling Work & Projects to be completed in 60 days or less:** All necessary documentation for fire alarm and/or fire suppression systems must be submitted with the initial submittal for the basic building permit.
- ☐ If you are the property owner or the owner's agent a signed affidavit is required. It must be notarized if signed in advance, or it can be signed in front of BSD Intake staff at the time of application with proper ID.

Residential

- ☐ **TWO** copies of building plans w/ site plans attached.
- NOTE:** Truss drawings must bear the seal of a registered design professional.
- ☐ Copy of lot split/ combination documentation, if applicable.
- ☐ Copy of "recorded easements" and affidavits, if applicable.
- ☐ Copy of "Certificate of Appropriateness" and any variance results, if applicable.
- ☐ If you are the **home owner** a signed affidavit is required. It must be notarized if signed in advance, or it can be signed in front of BSD Intake staff at the time of application with proper ID.

Removal Start: Commercial & Residential

- ☐ Please ensure that the Proposed Work section of the application is filled out in detail. If not the applicant is required to submit drawings for review and approval before the permit will be issued.

Maximum Capacity Card

- ☐ **Two** copies of the Floor Plan for **each floor** DRAWN TO SCALE (1/8" = 1'0" or 1/4" = 1'-0"); Should show in detail & to scale the following:
 - Exterior walls of building or demising walls of tenant space.
 - All interior walls or partitions.
 - Doors and direction of swing
 - Toilet room fixtures (water closet, urinals, & lavatories).
 - Tables & chairs, if applicable
 - Booths [one (1) person 24" length], if applicable
 - Equipment & fixtures (kitchen equipment not necessary)
 - Location of exit signs.
 - Location of emergency lighting.
 - Panic hardware, if applicable
 - Name & address to be place on plans.
 - Aisle widths.
 - Show Maximum Occupant load for each room or space.

Building Permit Base Fees:

Residential:

New Construction:

Examination: \$40 + \$25 for **every** 1000 gross sq ft. or a portion thereof.
Inspection & Permit: \$425 (includes first **5** structural inspections) ¹

Additions, Alterations & Accessory Structures

Examination: \$40 + \$25 for **every** 1000 gross sq ft. or a portion thereof.
Inspection & Permit: \$200 (includes first **2** structural inspections) ¹

Minor Limited Scope (for Commercial & Residential):

Examination, Permit & Inspection: \$75 (includes **One** 15 min. inspection)

Commercial:

4 & 5 Family Dwelling Units - New Construction:

Examination: \$600 + \$150 for **every** 1000 gross sq ft. or a portion thereof.
Inspection & Permit: \$450 (includes first **5** structural inspections) ²

6 or More Family Dwelling Units - New Construction:

Examination: \$600 + \$150 for **every** 1000 gross sq ft. or a portion thereof.
Inspection & Permit: \$450 (includes first **2** structural inspections) ²

All Multi Family Dwelling Units – Additions, Alterations, Accessory Structures:

Examination: \$200 + \$150 for **every** 1000 gross sq ft. or a portion thereof.
Inspection & Permit: \$200 (includes first **2** structural inspections) ²

Commercial/ Mixed Use – New Construction, Additions, Alterations, Accessory Structures:

Examination: \$600 + \$150 for **every** 1000 gross sq ft. or a portion thereof (not to exceed a maximum fee of \$20,000)
Inspection & Permit: \$450 (includes first **2** structural inspections) ²

Phased Construction – Two Phases (Requires CBO Approval):

Examination (for each Phase): \$600 + \$150 for **every** 1000 gross sq ft. or a portion thereof (not to exceed a maximum fee of \$20,000)
Inspection & Permit: \$450 (includes first **2** structural inspections) ²

Phased Construction – Three or More Phases (Requires CBO Approval):

Examination (for each Phase): 70% of the following equation: \$600 + \$150 for **every** 1000 gross sq ft. or a portion thereof (not to exceed a maximum fee of \$20,000)
Inspection & Permit: \$450 (includes first **2** structural inspections) ²

Tents – Greater than 200 Sq. Ft.:

Examination (per tent): \$50 + \$10 for **every** 1000 gross sq ft. or a portion thereof.
Inspection & Permit: \$250 (includes first **1** inspection)²

* Fees do not apply for tents associated with a Public Festival Registration *

All Commercial Units - Minor Limited Scope:

Examination, Permit & Inspection: \$75 (includes **One** 15 min. inspection)

Other:

Secure Permit:

Initial 90 days: \$200; 2nd time renewal for 90 days: \$400; 3rd time renewal for 90 days: \$700; 4th and there after for each 90 day renewal: \$1000

Footnotes:

¹ Applicant has the option to buy additional inspections at the time of permit issuance for \$125 per inspection.

² Applicant has the option to buy additional inspections at the time of permit issuance for \$150 per inspection.

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Affidavit**:

Property Owner of Record**:

Name (please print) Mailing Address City, State, Zip

Telephone Number Fax Number E-Mail Address

Agent for Owner**:

☐ Contractor ☐ Tenant ☐ Architect/ Engineer ☐ Attorney ☐ Plan Service Firm ☐ Other: _____

Name (please print) Mailing Address City, State, Zip

Telephone Number Fax Number E-Mail Address

Affidavit:** Please check the appropriate statement and provide the property address below:

Residential (1,2,3 Family Dwelling) :

☐ I am the Owner of this 1,2,3 Family Residential

Commercial & Multi Family:

I am the ☐ Owner ☐ Agent for the Owner **of this** ☐ 4(or more) Family Residential ☐ Commercial ☐ Misc.: _____

Which is located in the City of Columbus, Ohio at:

Number Street Apt. or Unit #

- I understand that additional permits may be required for electrical, plumbing, refrigeration, heating, fire protection, & occupancy.
- I will not contract with someone who is not licensed by the City of Columbus to do work on a 1,2 or 3 family dwelling.
- I will require licensed companies to obtain their own permits when applicable.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.*
- The Name and signature below **must match the applicant information** on the attached *Building Permit Application* form.

Print Full Name Signature

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

Signature of Notary Public or Building Services Division Official

*** FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SEC. 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT & A FINE OF \$1,000 OR BOTH.**

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